MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-04

CERTIFICATE OF DEATH

1124

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snowhill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snowhill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John W. Beathers

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife Mary Beathers
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1878

8. AGE: Years 62 | Months | Days 14 | If less than one day — hrs. — min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Sandy Beathers
13. Birthplace Md

MOTHER 14. Maiden name Mary Snowhill
15. Birthplace Md.

16. Informant John Smith
Address Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1940 (month) (day) (year)
Cemetery or crematory St Pauls
Location Berlin md.

18. Funeral director J. W. Burbage
Address Berlin md.

19. 2-2-1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 29 1940, and that I last saw h— alive on Jan 29 1940.

Immediate cause of death Acute Myocarditis — DURATION 3 days
Due to Chronic Arthritis — many years
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Dt operations —
Dt autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Walter F Bowen M. D. or other
Address Berlin Md Date signed 2/2/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

1125

Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Silum Bishop

3. (b) Social Security Number 220-01-4334

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	negro	married

6 (b) Name of husband or wife Alonza Bishop
6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Aug 28 1907

8. AGE: Years	Months	Days	If less than one day
31	4	23	hrs. min.

9. Birthplace Near Snow Hill Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Johnson
13. Birthplace Near Snow Hill Md

MOTHER
14. Maiden name Cora Fleming
15. Birthplace Near Snow Hill Md

16. Informant Cora Johnson
Address Snow Hill R R #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 23-40 (month) (day) (year)
Cemetery or crematory Mt Misery
Location Near Snow Hill Md
16. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 1/22/ 1940 (Date rec'd by registrar) LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 3.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death	DURATION
Carcinoma of face	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam. M. D. or other
Address Snow Hill Md Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

1126

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town St martins
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town St martins Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wilson Bunsell

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary J. Bunsell
6 (c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): Jan. 19, 1861
8. AGE: Years 79 Months — Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace: Oregan (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Stephen Bunsell
13. Birthplace: Indiana
MOTHER 14. Maiden name: Sarah Vance
15. Birthplace: Indiana
16. Informant: Leon T. Bunsell
Address: St. martins
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 1, 1940 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin md.
18. Funeral director: J. W. Burbage
Address: Berlin Md.
19. 2-1- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, 11:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29 1940, to Jan 29 1940, and that I last saw h[illegible] alive on Jan 29 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Frederick D. Nicoll M.D.
M. D. or other
Address Berlin, Md. Date signed 1-31-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(I)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 355

1127

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Worcester.

(b) City or town Campbelltown. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Campbell town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvanus G. Campbell.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Jennie Campbell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1866

8. AGE: Years 73 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER

12. Name Isaac Campbell.

13. Birthplace Maryland.

MOTHER

14. Maiden Name Hester M. Hickman

15. Birthplace Delaware.

16 (a) Informant Mrs. G. G. Campbell.

(b) Address Campbelltown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Odd Fellows.

Location Bishopville, Md.

18 (a) Funeral director J. W. Burbage

(b) Address Berlin, Md.

19 (a) 1-4-40 (Date rec'd by registrar) (b) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 1, 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938, to date of death, and that I last saw him alive on 1-1-40 19 .

Immediate cause of death Pulmonary tuberculosis — Duration 10 yrs.

Due to

Due to

Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature Frank R. Lewis M.D. M. D. or other

Address Willards Md. Date signed 1-4-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1128

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary L. Carmean

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Bruce Carmean

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8 - 1867

8. AGE: Years 73 | Months 0 | Days 12 | If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John Wales

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace

16. Informant M. O. Frank Carmean

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 22-40 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill

18. Funeral director Pearne & Dennis

Address Snow Hill Md.

19. 1/22 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1940, 5 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from January 17 1940, to Jan. 20, 1940, and that I last saw her alive on Jan. 20 1940

Immediate cause of death	DURATION
(a) Uremia	2 days
Due to (b) Acute parenchymatous nephritis	Do not Know
Due to (c)	
Other conditions Acute bronchitis	2 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE M. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1129

(107)

1. PLACE OF DEATH

County Worcester Registration Dist. No. 353

Village or City Bishopp No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whara death occurrad yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Glenn Powell Cathel If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Nov 21 - 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceasad last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward B. Cathel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Savage

16. BIRTHPLACE (city or town) (Stata or country) Maryland

17. INFORMANT Hattie Savage (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bishopville Date Jan 23, 1940

19. UNDERTAKER M. Parks Watson (Address) Selbyville Del

20. FILED Jan 23, 1940 Mrs. Ray Berry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1940, to Jan 21, 1940

I last saw him alive on Jan 21, 1940; death is said to have occurred on the data stated above, at 1.05 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7 days

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Wes diseese or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. E. Davis M. D.

(Address) Selbyville

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 23-a

Reg. Dist. No. 3 S S

1130

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Berlin md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 9 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Littleton Bellah

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife unknown

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1850

8. AGE: Years 90 | Months 0 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name George Bellah

13. Birthplace md.

MOTHER 14. Maiden Name Pleasent Rase

15. Birthplace md.

16 (a) Informant Clara Massey

(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Bellah

Location Berlin md

18 (a) Funeral director J. A. Burbage

(b) Address Berlin md

19 (a) 1-22-40 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 21 1940, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 21 1940, and that I last saw him alive on Jan 1st 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	21 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frederick A. Ticall, M.D. (M. D. or other)

Address Berlin, Md Date signed 1-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (1)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

1131

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Near Snow Hill Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR No

3. (a) FULL NAME Irene Francis (Davis) Dickerson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1939

8. AGE: Years | Months: 1 | Days: 30 | If less than one day: hrs. min.

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Judge Davis

13. Birthplace Snow Hill Md

MOTHER 14. Maiden name Emma Dickerson

15. Birthplace Snow Hill Md

16. Informant Mrs Judge Davis

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 21-40 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill Md

18. Funeral director Pearne & Dennis

Address Snow Hill Md

19. 1/21/ 1940 LeRoy Smith. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw h— alive on —19—.

Immediate cause of death Congenital Debility — DURATION Life

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE John L. Riley Dep. Med. Exr. M. D. or other

Address Snow Hill Md Date signed 1/21/40

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1132

1. PLACE OF DEATH 93-2

County Worcester Registration Dist. No. 352

Village or City Ocean City Md. No. Philu & N. 1st St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hettie J. Gray If U. S. Veteran, specify WAR no

(a) Residence: No. Bishopville, Md. Ward 7. D.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leander Gray

6. DATE OF BIRTH (month, day, and year): 1861 Dec 5

7. AGE: Years 79 | Months 1 | Days 3 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: life work

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Edward Collins

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary E. Lockwood

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): Gola Jester, Ocean City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Bishopville Md. Date: Jan 11, 1940

19. UNDERTAKER (Address): M. Pasha Watson, Selbyville Del.

20. FILED 1-11, 1940 J. S. Mumford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from June #1st, 1939, to Jan 8, 1940

I last saw her alive on Jan 8, 1940, death is said to have occurred on the date stated above, at 10:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	1938

Other Contributory Causes of importance:

Generalized Arteriosclerosis	1925

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Frederick S. Nicoll M. D.

(Address) Berlin, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1133

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lynwood Jacob Gumby

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 1939

8. AGE: Years	Months	Days	If less than one day
	10	22	hrs. min.

9. Birthplace Near Pocomoke City
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name George Gumby
13. Birthplace Pocomoke City
MOTHER 14. Maiden name Roberta Drew Gumby
15. Birthplace Pocomoke City
16. Informant Roberta Drew Gumby
Address Pocomoke City
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 14, 1940 (month) (day) (year)
Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City, Md
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md
19. Jan 14 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 3 P.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —— 19—, to —— 19—, and that I last saw h— alive on —— 19—.

Immediate cause of death	DURATION
Pneumonia	2 days.
Probably preceded by influenza	
Due to CAUSE	
Due to	
Other conditions Infant was dead when physician saw him. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Ex M. D. or other
Address Snow Hill Md Date signed 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1134

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Washington St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Andrew Wilson Haubert

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	divorced

6 (b) Name of husband or wife Blanche B. Douglass
6(c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Oct. 13 - 1895

8. AGE: Years 44 | Months 2 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Alfred J. Haubert
13. Birthplace Maryland

MOTHER 14. Maiden name Sallie A. Hill
15. Birthplace Maryland

16. Informant Mrs. Sallie A. Haubert
Address Washington St Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11 40 (month) (day) (year)

Cemetery or crematory M. P. Cemetery
Location Snow Hill Md

18. Funeral director Pearsall & Dennis
Address Snow Hill Md

19. 1/11/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1940, to Jan. 8 1940, and that I last saw him alive on Jan. 8 1940

	DURATION
Immediate cause of death: Cerebral hemorrhage	immediate
Due to: Arterio-sclerosis	do not Know
Due to: Acute parenchymatous nephritis	do not Know
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 1/9/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-d)

Dr. N. E. Sartorius 1135

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Rural Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 69 - 1 - 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Pocomoke City Ward No. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frank P. Henderson

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of ~~husband~~ or wife Minnie Henderson
6(c) If ellve, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov 19 1870

8. AGE: Years	Months	Days	If less than one day
69	1	16	— hrs. — min.

9. Birthplace Near Pocomoke, Worcester Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Henderson
13. Birthplace Maryland

MOTHER 14. Maiden name Jane Callis
15. Birthplace Maryland

16. Informant Mrs. Minnie Henderson
Address R.F.D. Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7, 1940 (month) (day) (year)

Cemetery or crematory Goodwill Cemetery
Location R.F.D. Pocomoke City Md.

18. Funeral director Margarette H. Watson
Address Pocomoke City Md.

19. Jan. 6th 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 5 - 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-25-1939, to 1-5-1940, and that I last saw h/M alive on 1-4-1939.

Immediate cause of death	DURATION
Respiratory Failure	
Due to Pneumonia (Terminal)	1-3-40.
Due to Cancer (Rectum and bladder)	9-25-39
Other conditions Primary carcinoma of rectum. Duration: six or seven months.	

(Include pregnancy within 3 months of death)

Major findings: C.U.S.O.

Of operations None

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. N. E. Sartorius, Jr. M. D. or other
Address Pocomoke City, Md. Date signed 1-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
FEB 5 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-01)

Reg. Dist. No. 955 1136

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Berlin (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 88 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** George E. Henryde

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Hannah E. Henry

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23, 1851

8. AGE: Years 88 | Months 7 | Days 19 | If less than one day — hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name George E. Henry

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Hannah E. Dale

MOTHER 15. Birthplace Md

16 (a) Informant Robert E. Henry

16 (b) Address Berlin Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1940 (month) (day) (year)

17 (c) Cemetery or crematory Burbage (St Pauls

Location Berlin Md

18 (a) Funeral director S. W. Burbage

18 (b) Address Berlin Md

19 (a) 1-15-40 (Date rec'd by registrar) (b) Helen J. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 12 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Jan 11 1940, and that I last saw him alive on Jan 10 1940.

Immediate cause of death	Duration
Acute Myocarditis	4 days
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Walter Bowen M. D. or other

Address Berlin Md Date signed 1/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 5 1940
BUREAU V. S.

1137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural, near Pocomoke
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural, near Pocomoke
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joshua Hicks

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1939

8. AGE: Years: 0 Months: 10 Days: 24 If less than one day: hrs. min.

9. Birthplace: A. A. Co. Upper Marlborough, Md. (Town, county, and state)
10. Usual occupation: none
11. Industry or business: none

FATHER
12. Name: Saul Hicks
13. Birthplace: Worcester, Mass.

MOTHER
14. Maiden name: Vashti Stanley
15. Birthplace: Worcester, Mass.

16. Informant: Saul Hicks
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-12-40 (month) (day) (year)
Cemetery or crematory: Halls Hill Cemetery
Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Jan. 11, 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/10 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/7 1940, to 1/10 1940, and that I last saw him alive on 1/9 1940.

Immediate cause of death: Exhaustion
Due to: Bronchial Pneumonia
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

DURATION: 11 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? (City or town) ✓ (County) ✓ (State) ✓
Injured at home, farm, industry, public place (where?): ✓
Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: F. Wilson M. D. or other
Address: Pocomoke City Date signed: 1/10.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

1138

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (155)

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Clarke Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Clarke Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charley Martin Holland

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife: Annie Barclay

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): About 1878

8. AGE: Years: About 78 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Worcester
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business:

FATHER
12. Name: American Holland
13. Birthplace: Worcester Co., Md.

MOTHER
14. Maiden name: ---------
15. Birthplace: ---------

16. Informant: Dewey Manuel

Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-27-40 (month) (day) (year)

Cemetery or crematory: Halls Hill Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Jan 31 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23rd 1940, at 10:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4th 1939, to Jan 23rd 1940 and that I last saw him alive on Jan 23rd 1940.

Immediate cause of death: Suppurative Osteitis (Skull) — DURATION: 2 months

Due to: Infection Scalp & Facet neck — 3 or 4 months

Due to: Dental Caries — years D.R.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. E. Sartorius M. D. or other

Address: Pocomoke City Md. Date signed: 1/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

RECEIVED
FEB 8 1999
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

1139

CERTIFICATE OF DEATH

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Rural, near Beaver Dam, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural, Near Beaver Dam, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Jones

3. (b) Social Security Number ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Jones

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1875

8. AGE: Years	Months	Days	If less than one day
64-	3-	27	---hrs. ---min.

9. Birthplace Kledge Grange, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Hammond

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Mary Liza Shay

MOTHER 15. Birthplace Worcester Co., Md.

16. Informant Joseph Jones

Address Pocomoke City, Md.

17. Burial Date thereof 1-29-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Portersville Cemetery

Location Stockton, Md.

18. Funeral director John A. Bradshaw

Address Pocomoke City, Md.

19. Jan. 30 1940 Ann E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Jan 27 1940, and that I last saw h[illegible] alive on Jan 26 1940.

Immediate cause of death	DURATION
Myocardial degeneration	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address [illegible] Date signed 1-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 355

CERTIFICATE OF DEATH

1140

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Berlin Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 10 y

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Louisa M. Jones

3 (b) If veteran, name war ✓

3 (c) Social Security No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John J. Jones

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1849

8. AGE: Years 92 Months 4 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Martin Conner

13. Birthplace Va

MOTHER 14. Maiden Name Charlotte Sharpley

15. Birthplace Va

16 (a) Informant Mrs Dale Henry

(b) Address Berlin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11, 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Chincoteague Va

18 (a) Funeral director J. W. Burbage

(b) Address Berlin Md

19 (a) 1-11-40 (Date rec'd by registrar) (b) Helen T. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death January 9 1940 at 11:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Jan 9 1940, and that I last saw him alive on Jan 9 1940.

Immediate cause of death	Duration
Myocarditis	1925
Due to Generalized Arteriosclerosis	1920
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frederick P. Tocoff M.D. M. D. or other

Address Berlin Md Date signed 1-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1141

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Market Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Snow Hill Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Market (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Matilda C. Layfield

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm H. Layfield

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): June 26 1851

8. AGE: Years: 88 Months: 6 Days: 8 If less than one day: hrs. min.

9. Birthplace: Worcester Co. Snow Hill Md (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER 12. Name: Samuel Truden

13. Birthplace: Worcester Co. Md.

MOTHER 14. Maiden name: Mariah Townsend

15. Birthplace: Worcester Co. Md

16. Informant: Mr. C. J. Layfield

Address: Walnut st. Salisbury Md

17. Burial (Burial, cremation, removal—which?) Date thereof: Jan. 7-40 (month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Snow Hill Maryland

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 1/6 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 4-1940 (8.15 P M)

21. I CERTIFY that death occurred on the date above etated: that I attended deceasod from January 2 1940, to Jan. 4 1940, and that I last saw her alive on January 4, 1940

Immediate cause of death: Bronchio Pneumonia — DURATION: one day

Due to: Acute Bronchitis — DURATION: 1 week

Due to:

Other conditions: Chronic interstitial nefpluritis

(Include pregnancy within 3 months of death)

Major findings Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Time of injury Injured at work?

23. SIGNATURE: J. N. Sherwood Ferris M.D. M. D. or other

Address: Snow Hill, Md. Date signed 1/5/40.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1142

Reg. Dist. No. 855

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 69-4-21

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frank A. Mitchell

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	married

8 (b) Name of husband or wife E. Virginia Mitchell
8(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1870

8. AGE:

Years	Months	Days	If less than one day
69	4	21	hrs. min.

9. Birthplace md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business —

FATHER
12. Name Edward Mitchell
13. Birthplace md.

MOTHER
14. Maiden name Priscilla Hall
15. Birthplace md.

18. Informant E. Virginia Mitchell
Address Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 27 1940 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin md.

18. Funeral director J. W. Burbage
Address Berlin md.

19. 1-27- 1940 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1940, to Jan 25 1940, and that I last saw him alive on Jan 25 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 hr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick L. Riggin, M. D.
M. D. or other
Address Berlin, Md. Date signed 1-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 355

CERTIFICATE OF DEATH

1143

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? —years

3 (a) **FULL NAME** Shirley Burnell

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race col
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8. 1940

8. AGE: Years — Months — Days 3 If less than one day —hr. —min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation —
11. Industry or business —

FATHER 12. Name Henry Burnell
13. Birthplace md

MOTHER 14. Maiden Name Victoria Burnell
15. Birthplace md

16 (a) Informant Mrs Carrie Burnell
(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1940 (month) (day) (year)
(c) Cemetery or crematory Berlin md
Location Berlin md

18 (a) Funeral director J. H. Burbage
(b) Address Berlin md

19 (a) 1-12-40 (Date rec'd by registrar) (b) Helen S. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 12 1940 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 12 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death	Duration
Prematurity	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frederick S. Ducell M.D.
M. D. or other
Address Berlin, Md Date signed 1-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 5 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

1144

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR unknown

3. (a) FULL NAME Pink Palmer

Soc. Sec. 261-22-9134
" 264-09-1239

3. (b) Social Security Number unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Married

6 (b) Name of husband or wife unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 55 | Months | Days | If less than one day hrs. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace unknown
16. Informant George Tull
Address Pocomoke City
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-27-40 (month) (day) (year)
Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City, Md.
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.
19. Jan. 29 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Exposure caused	
due to exposure from living	
in an abandoned auto-	
Due to mobile top without	
any fire in extremely	
Due to cold weather	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex.
M. D. or other
Address Snow Hill Md Date signed 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1145

Reg. Dist. No.

1. PLACE OF DEATH:
County Worcester
City or town near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary Purnell

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife Edward Purnell
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 15 - 1870

8. AGE: Years 69 | Months 0 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Riley Ginn
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Edward Purnell
Address Snow Hill Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan 25 40 (month) (day) (year)
Cemetery or crematory Ebenezer
Location Snow Hill Md

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 1/27 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 8 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 23 1940, to Jan 23 1940, and that I last saw her alive on Jan 23 1940.

Immediate cause of death: Auricular Fibrillation — DURATION ?
Due to
Due to
Other conditions: Chronic Myocarditis — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? None
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. S. Waesche M.D.
M. D. or other
Address Snow Hill Md Date signed 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1146

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
County Worcester
City or town Girdletree Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Girdletree Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR 20

3. (a) FULL NAME Levin Sylvester Bishop Sampson

3. (b) Social Security Number none

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 31 - 1939

8. AGE: Years 5 Months Days 16 If less than one day hrs. min.

9. Birthplace Salisbury Gen. Hospital Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Sampson
13. Birthplace Maryland

MOTHER
14. Maiden name Audrey Bishop
15. Birthplace Snow Hill Md

16. Informant Gertrude Bishop
Address Girdletree Md

17. Buried Date thereof Jan 18-40.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Woodlawn
Location Girdletree

18. Funeral director Jeanne Dennis
Address Snow Hill Md

19. 1/18/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16 1940, to Jan. 17 1940, and that I last saw him alive on Jan. 16, 1940.

	DURATION
Immediate cause of death: Bronchio-pneumonia	
Due to acute bronchitis	1 week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE N. Sherwood Jarvis M.D.
M. D. or other
Address Snow Hill, Md. Date signed 1/17/40

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

CERTIFICATE OF DEATH

1147

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Snow Hill Rural #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME William T. Scott

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary K. Scott
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 4 - 1869

8. AGE:

Years	Months	Days	If less than one day
70	3	25	hrs. min.

9. Birthplace Green Run Beach Worcester Md
(Town, county, and state)
10. Usual occupation Conservation Inspector
11. Industry or business Sinkepent Bay
FATHER 12. Name James Scott
13. Birthplace Maryland
MOTHER 14. Maiden name Margarett Richardson
15. Birthplace Maryland
16. Informant Mrs Mary Scott
Address Snow Hill Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31 -40 (month) (day) (year)
Cemetery or crematory M. E. Cemetery
Location Snow Hill Md
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 1/31 (Date rec'd by registrar) 1940 LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26, 1940, to Jan. 29, 1940, and that I last saw him alive on Jan. 29, 1940.

	DURATION
Immediate cause of death Acute Uremia	24 hrs.
Due to Acute Parenchymatous nephritis	to not Known
Due to	
Other conditions Acute Bronchitis	1 wk.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 1/30/40

RECEIVED
FEB 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

1148

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill Near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Edward Thomas Taylor

3. (b) Social Security Number No

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
B (b) Name of husband or wife: Bertie Taylor
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 24 - 1867

8. AGE: Years 72 | Months 0 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and State)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Asa J. Taylor
13. Birthplace: Virginia
MOTHER 14. Maiden name: Roba Justice
15. Birthplace: Virginia
16. Informant: Mrs Ethel Hargrove
Address: Norfolk Virginia
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13-40 (month) (day) (year)
Cemetery or crematory: Downing
Location: Oak Hall Virginia
18. Funeral director: Pearre & Downing
Address: Snow Hill Md
19. 11/11/40 (Date rec'd by registrar) 19 40 LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940 at 9.30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death: Heart Failure, Variety unknown — DURATION: Unknown
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John L. Riley Dep. Med Examr
M. D. or other
Address Snow Hill Md Date signed 11/11/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (200-C)

CERTIFICATE OF DEATH

1149

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Christine H. Whaley

3. (b) Social Security Number

4. Sex: Female
5. Color or race: col
6. (a) Single, married, widowed, or divorced: —
B (b) Name of husband or wife: —
B(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): Jan 28, 1940
8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: Franklin Purnell
13. Birthplace: Md.
MOTHER 14. Maiden name: Bessie Whaley
15. Birthplace: Md.
16. Informant: Bessie Whaley
Address: Berlin Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 1, 1940 (month) (day) (year)
Cemetery or crematory: Berlin
Location: Berlin Md.
18. Funeral director: J. W. Burbage
Address: Berlin Md
19. 2-1- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: Unknown not in attendance
Due to: Cause of death unknown. C.W.G.R.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. R Law Md M. D. or other
Address: Berlin Md Date signed: 1-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T)

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1150

Reg. Dist. No. 357

1. PLACE OF DEATH:
County: Worcester
City or town: Stockton RD
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: near Pilchard's mill
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Stockton RD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: abortion - no name Wilson

3. (b) Social Security Number: none.

4. Sex: F
5. Color or race: C
6. (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 27, 1940

8. AGE: Years: 0 Months: 0 Days: 0 If less than one day: 0 hrs. 0 min.

9. Birthplace: Stockton RD md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Alonza Willard Wilson
13. Birthplace: Stockton

MOTHER
14. Maiden name: Francis Jones
15. Birthplace: Withuam(?) Virginia

16. Informant: Father.
Address: Stockton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 28 1940 (month) (day) (year)
Cemetery or crematory: Old St. Paul Cemetery
Location: Near Stockton, Md.

18. Funeral director: Irving Bennett
Address: Stockton, Md

19. Jan. 28 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 27 1940, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death: - Stillbirth -

Due to: Spontaneous abortion in all probability

Due to: according to midwife 4 mo. pregnancy -

Other conditions: mother has pos. serology for syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W R Willard MD.
M. D. or other
Address: Pocomoke City, Md Date signed: 1/28/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 5 1940
BUREAU V. S.